

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Full Name (Last, First, Middle Initial)

A. Wayne M. Partee

Mailing Address 584 S Grand Ave

City	State	Zip Code
Covina	CA	91724-3467

FEC ID number of contributing
federal political committee.**C**Name of Employer
Partee Insurance Associat-
es, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	7

Transaction ID: 3895793

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel B. Clock

Mailing Address 47 West Street

City	State	Zip Code
Litchfield	CT	06759-3501

FEC ID number of contributing
federal political committee.**C**Name of Employer
F. North Clark Insurance
AgencyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	7

Transaction ID: 3895796

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Charles Symington

Mailing Address 127 South Peyton Street

City	State	Zip Code
Alexandria	VA	22314-2879

FEC ID number of contributing
federal political committee.**C**Name of Employer
Independent Insurance Age-
nts & BrokersOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	7

Transaction ID: 3895802

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)